

Docket Number (Optional)

AFD 625

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole (or joint) inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled HINGED BONDING OF MICROMECHANICAL DEVICES, the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Number _____ and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)	Priority Claimed

(Application Number) Country (Day/Month/Year Filed) ☐ Yes ☐ No

(Application Number)	Country	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
2	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
3	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
4	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
5	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
6	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
7	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
8	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
9	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
10	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
11	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
12	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
13	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
14	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
15	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
16	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
17	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
18	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
19	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
20	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
21	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
22	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
23	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
24	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
25	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
26	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
27	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
28	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
29	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
30	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
31	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
32	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
33	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
34	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
35	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
36	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
37	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
38	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
39	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
40	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
41	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
42	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
43	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
44	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
45	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
46	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
47	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
48	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
49	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
50	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
51	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
52	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
53	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
54	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
55	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
56	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
57	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
58	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
59	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
60	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
61	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
62	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
63	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
64	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
65	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
66	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
67	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
68	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
69	USA	10/10/2010	<input type="checkbox"/>	<input type="checkbox"/>
70	USA	10/10/201		

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

60/419,337 October 17, 2002

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>(Application Number)</u>	<u>(Filing Date)</u>	<u>(Status - patented, pending, abandoned)</u>
-----------------------------	----------------------	--

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Gerald B. Hollins, Reg. No. 25,452 and Thomas L. Kundert, Reg. No. 27,247

Address all telephone calls to Gerald B. Hollins at telephone number (937) 255-2838

Address all correspondence to

AFMCLO/JAZ, Bldg 11, Room 100
2240 B Street
Wright-Patterson AFB OH 45433-7109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) MARK A. MICHALICEK

Inventor's signature _____ Date: _____
 Residence 2354 Fairchild Drive #2A109, USAFA CO 80840
 Post Office Address _____ Citizenship: U.S.A.
 _____ Same as residence _____

☐ Additional inventors are being named on separately numbered sheets, attached hereto.